

Foster Family Home - Corrective Action Report

Provider ID: 1-560129

Home Name: Nerissa Cristobal, CNA

Review ID: 1-560129-5

91-1073 Hanaloa Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 12/11/2018

End Date: 12/26/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 12/11/18. Corrective Action Report issued during home visit with all items due to CTA by 1/11/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) - First year fingerprints not present for CG #3 and HHM #2.

7.1.(a)(2) - Second year APS/CAN not present for CG #4. Expired on 3/11/17.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

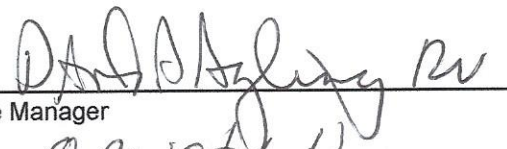
41.(b)(7) - TB clearance not present for CG #3

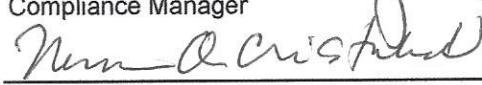
Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - 2 prn medications not listed on the MAR for Client #1.
No Face Sheet present for Client #3.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **NERISSA Q. CRISTOBAL**

CCFFH Address: **91-1073 HANALOA STREET EWA BEACH HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)(2)	I received current APS/CAN and finger prints from CG#2, CG#4 and HHM#2. I placed them in my CTA binder.	12/20/18	I have written a list of all the expiration dates for APS/CAN and finger prints and TB for all CG's and HHM's and placed in the front of my CTA binder.
41(b)(7)	I received a current TB clearance from CG#3 and placed in my CTA binder.	12/21/18	Please refer above.
52(c)(5)	I received an up-dated MAR from the CMA for client #1 and placed in clients #1 chart. I also received a face sheet for client #3 and placed in the chart.	12/18/18	I will check all clients charts every month to make sure the MAR is correct and face sheets are present.

Primary Caregiver's Signature: Nerissa Q. Cristobal

Print Name: NERISSA Q. CRISTOBAL

Date of Signature: 12/21/2018